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Bib Data Sheet

CONFIRMATION NO. 8286

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/983,042 | FILING DATE<br>10/22/2001<br><br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2154 | ATTORNEY DOCKET<br>NO.<br>06975-092001 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/299,454 06/21/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/26/2001

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>VA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>78 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                            |

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## TITLE

Client device identification when communicating through a network address translator device

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>2668 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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